Supervisor Section

Instructions: Please use this form as a check-in on your employees’ transition into their new role. You will have the opportunity to discuss goals during their next quarter check-in or supervision. Please save this form to your SharePoint, then *share* (top right of your screen) it with the employee and HR@cfcare.org

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| Employee Name & Position: |  |
| Supervisor Name & Position: |  |
| Department: | Click or tap here to enter text. |
| Date of Hire (or New Position): | Click or tap here to enter text. | Evaluation Due Date: | Click or tap here to enter text. |

1. What strengths have you noticed in your new or promoted employee? What is your employee doing particularly well?

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1. What are some areas of opportunity or where would you like to develop your employee?

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1. Do you have any additional comments?

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Employee Section
Instructions: Please fill out the following and save it at its current location.

**CFC Values**
Christian Family Care runs everything we do through a filter of the following values:

Compassion — We are guided by the biblical principle of compassion for others and demonstrate this in the care and concern we show for all children, families, and coworkers.

Integrity — Christian Family Care is committed to continuous quality improvement, professional and financial excellence, ethical development practices, and careful stewardship of the resources entrusted to the agency.

Serving the Community — We’re committed to embracing, transforming, and improving the diverse communities we serve through staff, board members, and volunteers who demonstrate awareness and sensitivity.

1. How have you seen these values demonstrated at CFC?

Click or tap here to enter text.

1. How do you see your role intersect with these values?

Click or tap here to enter text.

1. What have you been working on since you started your position?

Click or tap here to enter text.

1. What were some of the challenges you faced and how can your supervisor support you in these challenges?

Click or tap here to enter text.

1. Which areas would you like more training or instruction?

Click or tap here to enter text.

1. Have you been welcomed and integrated into your department or team? If not, in what ways can your supervisor help you become more comfortable with your team? *(If you promoted within the same department, you may skip this question.)*

Click or tap here to enter text.

1. Do you have any additional comments?

Click or tap here to enter text.

**Signature Troubleshooting:**

* Employees using tablet computers or laptops with touchscreens should be able to sign by clicking on the lines below.
* If you do not have a touchscreen computer or are getting a certificate error when attempting to sign, follow one of the two steps below:
	+ Send this document to Staff Care and ask for signature help. The Staff Care team can convert this document to a PDF and add digital signature boxes for you.
	+ Print the completed document, sign with ink, and scan back to Staff Care.

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| **Employee Sign Off and Date:**(to sign electronically, double click on the signature line, sign and click sign at bottom of window box) |
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| **Supervisor Sign Off and Date:**(to sign electronically, double click on the signature line, sign and click sign at bottom of window box) |
|  |
| **Reviewer Sign Off and Date:**(to sign electronically, double click on the signature line, sign and click sign at bottom of window box) |
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